The health and welfare needs of female and transgender street sex workers in New South Wales

Abstract

Objectives: To determine the health and welfare status of female and transgender street sex workers and their work-related experiences. Also to estimate population numbers, determine work locations, and identify the most appropriate education, health and welfare services for this group.

Methods: Forty-eight street sex workers completed a questionnaire, mainly at their place of work. Demographic and sexual health profiles of sex workers attending the Sydney Sexual Health Centre and the Kirketon Road Centre in 1997 were compared with the street sample.

Results: Up to 120 female and transgender sex workers worked on the streets in Sydney, Newcastle, Wollongong and surrounding areas in any one night: more than 80% of these were female. Of those sampled, fewer street workers than brothel sex workers (6% vs. 41%; $p<0.001$) were from non-English speaking backgrounds, and more (77% vs. 7%; $p<0.0001$) were currently injecting drugs. The street workers reported lower rates of condom use at work than local brothel workers (91.7% vs. 98.8%; $p<0.016$) and high rates of hepatitis B and C infection. Seventy-five per cent had experienced violence at work. Child care, lack of supportive relationships, community intolerance and low self-esteem were important problems for the street workers. While the police were frequently required by the community to move the street workers on, there were no reports of corrupt behaviour by police.

Conclusions: Health services need to specifically target this group with particular attention to the prevention of blood-borne virus infections, contraception, drug dependency and transgender issues. Consideration should be given to developing a network of safe houses to reduce community pressure and violence.

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Street prostitution remains illegal everywhere in Australia except New South Wales (NSW), where it has been permitted in non-residential areas since 1979.[1] Despite this, there is scant information about the health and welfare needs of street workers in NSW, prior studies having focused on urban brothel prostitution.

During the 1980s, female Australian resident sex workers in brothels adopted very high rates of condom use with their clients resulting in remarkably low rates of sexually transmitted infections (STIs) including human immunodeficiency virus (HIV) infection.[1,2] High STI and increased HIV infection rates in recent migrant sex workers in Sydney have been addressed by a specific sexual health promotion program.[2]

A small study of 17 street sex workers, conducted at the Kirketon Road Centre (KRC) in Kings Cross in 1987, suggested that street sex workers had a high incidence of hepatitis B and more general health problems than 'indoor' sex workers surveyed at the same time. They were also more likely to inject drugs than were brothel sex workers. One street sex worker in this sample was HIV positive.[3]

A study of 146 transgender people in Sydney revealed that 45% had spent some time working in the sex industry and 70% of these had worked on the street. These transgender sex workers reported a range of health issues including injecting drug use (IDU), STIs, unsafe sexual practices and psychological problems related to low self-esteem and lack of acceptance by the community at large.[4]

Issues arising from policing and violence have been strongly associated with street sex work in NSW. Two studies in the early 1980s found high rates of adverse experience for street sex workers with the law, drug taking and street violence.[5,6] Ten years later, transgender sex workers still reported high levels of violence and sexual assault when working on Sydney streets.[4]

The current study was the first comprehensive population-based survey of female and transgender street sex workers in NSW. The objectives of the study were to assess the health and welfare status of street workers relative to other sex industry

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workers, describe their work-related experiences, identify work locations, estimate population sizes and make recommendations on ways in which services could best be delivered to these people.

Methods

Project design

The project had three components.

First, we conducted telephone interviews with key informants who work with the sex industry. These questions were open-ended. Themes included: type and location of service provided; estimated numbers, gender and ages of sex workers accessed; and associated issues such as injecting drug use (IDU), other people on the street, coercion/violence, police presence, access to safe houses and health services.

Second, we proposed to administer a questionnaire to a minimum of 30 and a maximum of 50 street-based sex workers at their place of work. The questionnaire was developed with substantive input from a community-based organisation, the Sex Workers Outreach Project (SWOP) and KRC staff. Quantitative data in the first part of the questionnaire related closely to patient information collected on first visits to the Sydney Sexual Health Centre (SSHC) to allow comparisons. As the KRC patient record is constructed differently, fewer direct comparisons were possible. The closed questionnaire covered demographics, sexual and reproductive health, and drug and alcohol issues. At the end of the questionnaire, open-ended questions dealt with accommodation, relationships, income, legal and social issues including experience of violence and relations with the police; and access to support services.

Third, we compared the questionnaire-derived data with data on the demographic and sexual health profiles of sex workers attending SSHC and KRC between 1 January 1997 and 31 December 1997.

Approval for the study was granted by the South Eastern Sydney Area Health Service Research Ethics Committee. Statistical analysis (chi-square test) was performed using Epi-Info, with significance at the $p<0.05$ level. Fisher's exact test was used where an expected cell value was less than five.

Subjects

Key informants were identified initially through an extended meeting with outreach workers and other staff from SWOP followed by attendance at a service providers' inter-agency meeting, hosted by SWOP. Key informants included peer educators, Needle & Syringe Program outreach workers, sexual health counsellors, sexual health nurses, Aboriginal health outreach workers, outreach workers from government-funded charities, local government officers and a police sex worker liaison officer.

The sex worker sample included female and transgender workers who solicited clients from the streets of major urban centres in NSW. Most interviews were conducted during evening outreach between April and August 1998. Some daytime interviews were conducted in inner Sydney and Port Kembla. On two occasions (once in inner Sydney and once in Newcastle) the interviewers stayed out two or three hours after normal outreach time to enrol sex workers who otherwise might not be contacted by service providers. The sampling frame was deliberately designed to cover all geographic areas in NSW known to have regular street-based prostitution. The one exception was Redfern in the inner western suburbs of Sydney, where our informants advised us that about 12 young Aboriginal women solicited clients on the streets, but it was deemed to be too dangerous to administer questionnaires in that area.

Most street workers were enrolled consecutively after being approached by an outreach worker while they were standing on the street waiting for clients. Two were interviewed at a drop-in centre, four at KRC, and two others were interviewed at the Port Kembla Sexual Health Centre. Sex workers were paid $20 on completion of the interview, which took approximately 20 minutes.

Results

Sample size

Twenty-six key informants were interviewed by telephone.

The questionnaire was administered to 42 female and six transgender street sex workers. Only three sex workers directly refused a request to be interviewed, yielding a response rate of 91%. From the databases, none of the 679 sex workers attending SSHC in 1997 identified the street as their work-site, while 154 (18%) of the 869 sex workers attending KRC in 1997 identified as street sex workers. The intercept street sample was therefore compared with street sex workers attending KRC and 'indoor' sex workers attending SSHC. Unfortunately, it was not possible to present a complete comparison with KRC clients because data was unavailable or did not match the questionnaire and SSHC data.

Locations and numbers of street-based sex workers

All informants agreed that it is difficult to estimate numbers of street sex workers because of the transient and opportunistic nature of the work. Nevertheless, consistent estimates were provided by key informants for each of the geographical areas described. The higher numbers were associated with better weather and weekends (see Table 1). These estimates were generally confirmed by observations made while interviewing.

The highest concentration of female and transgender street sex workers was found in the inner Sydney suburbs of Darlinghurst and Woolloomooloo. Included in this figure were five of the six transgender sex worker interviews. In other locations in the western suburbs of Sydney and in Newcastle and Wollongong there were smaller numbers of female sex workers (6 to 15) on a regular basis and rarely more than one or two transgender sex workers (see Table 1).

Casual street prostitution was thought to occur in many other places around the State (e.g. at transport interchanges and truck stops) but we could establish no firm evidence of this. Overall, it

Table 1: Location and estimated nightly numbers of street sex workers in NSW.

Location	Estimated number/night	Number interviewed
Darlinghurst/Woolloomooloo	30-50	22
Redfern	12	0[a]
Canterbury Road, Bankstown	12-15	5
Great Western Highway, Minchinbury	10-20	7
Port Kembla	5-6	8[b]
Islington, Newcastle	5-15	6
Total	74-118	48

Notes:
(a) Not surveyed for security reasons.
(b) Two were recruited at the local sexual health service.

was estimated that an approximate maximum of 120 female and transgender sex workers worked on the streets of NSW on any one night: more than 80% of these were female. According to the key informants, and suggested by the size of the KRC street worker sample (see Table 2), at least three or four times as many may work on the streets in any one year.

Demographics

The intercept sample of sex workers was of similar age to the SSHC sample but was older than the KRC sample ($p<0.001$)(see Table 2). However, the six transgender sex workers in the intercept sample were younger (mean age 23.4 years, range 19-29 years) than the KRC sample and significantly younger than the 42 women in the intercept sample ($p<0.001$).

The intercept street sample and the clinic samples also differed in language and cultural backgrounds: very few street workers were from non-English speaking backgrounds whereas a larger proportion identified as being Aboriginal ($p<0.001$). As the sampling frame excluded the Aboriginal women working in Redfern this proportion should be seen as a minimum (see Table 2).

Condom use and sexual health

Overall, the SSHC sample and the intercept street sample reported similar rates of consistent condom use with their clients (see Table 3). However, the SSHC rates were comprised of higher rates (98.8%) among local sex workers and lower rates (80.4%) among non-resident 'international' sex workers. Therefore, the intercept street sample reported significantly lower rates of consistent condom use at work than local brothel workers attending SSHC (91.7% vs. 98.8%; $p<0.016$).

The intercept street sample was more likely than other samples of sex workers to rely on condoms for contraception as well as for protection against STIs. As a result 26% of the female street sex workers had inadequate contraception in their private relationships because they rarely used condoms with private partners. They reported nearly 30% more pregnancies and twice as many miscarriages as other sex workers (see Table 3). While only one (2.1%) of the intercept street sample reported an STI (gonorrhoea) in the previous 12 months, no testing was undertaken for this study.

Drug use and blood-borne viruses

Forty (83.3%) of the intercept street sample reported ever injecting drugs. Their injecting drugs of choice were heroin (35, 88%), amphetamines (2, 5%) and cocaine (2, 5%). Current levels of IDU (77.1% vs. 7.5%; $p<0.0001$) and tobacco consumption were substantially higher among the intercept sample than among the SSHC 'indoor' sex workers (see Table 4). However, current IDU among the KRC street sex worker sample (66.8%) was not significantly different from that of the intercept sample. Eighty per cent of the intercept street sex workers who had ever injected drugs reported current (20%) or previous (60%) involvement in a drug treatment program: of these 50% had tried methadone treatment at least once.

Ten of the 21 (47.6%) street sex workers who attended sexual health clinics were fully vaccinated against HBV compared with only four of 21 (19%, $p<0.05$) who attended other services. The five street sex workers who reported acute hepatitis B and the two who reported chronic hepatitis B were in the group that did not attend sexual health clinics.

Table 2: Demographic comparisons between intercept street sample and clinic samples of sex workers.[a]

	Intercept street sample n=48		KRC street sample n= 154		SSHC indoor sample n=679	
Mean age (range)	28.7 years	(16-52)	25.5 years[b]	(15-49)	28.4 years	(17-57)
Non-English speaking background (NESB)	3	6.2%	n/a[c]		272	41.2%[d]
Aboriginal	10	20.8%[c]	21	13.6%	2	0.3%[e]

Notes:
(a) NB As these are anonymous data there may be overlap between the intercept street sample and the KRC street sample.
(b) The KRC sample was significantly younger on average than the other two samples (p <0.001).
(c) n/a not available
(d) The SSHC sample included significantly more NESB sex workers (p <0.001)
(e) Compared with the SSHC sample a significantly higher proportion of the street sample identified as Aboriginal (p<0.001).

Fifty per cent (21 of 42) of those tested for HCV in the intercept sample of street sex workers were positive, reflecting their high rates of IDU. This may be compared with an HCV positive rate of 71% (61 of 86) in the KRC street sample. SSHC did not routinely test sex workers for HCV. One (2.1%) intercepted street worker (female IDU) had tested HIV positive. The KRC sample included 2/112 (1.8%) and SSHC 2/674 (0.3%) HIV positive sex workers. These differences were not significant.

Violence and intolerance

Thirty-six (75%) of the intercept street sample reported that they had experienced physical violence while at work. In order of frequency, reported violence included physical assault (n=16), rape at gun- or knife-point (n=8), other rape or attempted rape (n=4), robbery (n=4), threats (n=3), abduction (n=2), and stalking (n=1). Their assailants were mostly clients or potential clients, but they also reported abusive acts by voyeurs, residents and other sex workers on the street. Key informants claimed that violence was particularly associated with providing sexual services in clients' vehicles. Forty-one (85%) of the intercept street sample regularly provided services in vehicles but 20 (42%) used 'safe houses' whenever possible. Safe houses are premises where rooms are let short-term and provide limited security, privacy and toilet facilities for sex workers and clients. Safe houses were largely confined to inner Sydney but clients were often reluctant to pay the extra $12 rental fee.

Four of six transgender sex workers had experienced serious violence from clients. Key informants agreed that this group suffered disproportionately from intolerance in the community. In reference to coping with intolerance and other lifestyle issues, one key informant and two transgender sex workers volunteered that they felt there was a shortage of sympathetic mental health services accessible to transgender sex workers.

Interviewees and informants believed that community intolerance was responsible for much of the police 'harassment' and constant pressure to 'move on'. There were five complaints by street workers about aggressive police behaviour and a similar number complaining of 'entrapment' by non-uniformed detectives pretending to be clients. However, there were no reports of corrupt behaviour, e.g. bribery or extortion, by police.

Only two (4.2%) of the intercept street sample specifically complained of violence in their personal relationships.

Table 3: Sexual behaviour, sexual health and drug use: comparison between intercept street sample and SSHC sample of indoor sex workers.[a]

	Intercept street sample n=48	SSHC indoor sample n=679	*p* value
Mean number of clients per shift worked (range)	6 (3-20)	5 (1-40)	
Condoms with clients:			
Always (100%)	91.7%	89.8%	1.00
Sometimes/usually (1-99%)	8.3%	10.2%	1.00
Never	0	0	1.00
Contraceptive method:[b]			
Condoms	76.2%	55.9%	<0.04
Oral	11.9%	41.7%	<0.0001
Inadequate contraception	26.2%	2.3%	<0.0001
Ever pregnant[c]	95.2%	68.9%	<0.001
Live births (any)[c]	66.7%	33.4%	<0.001
Termination of pregnancy (any)[c]	50.0%	47.4%	<0.75
Miscarriages (any)[c]	26.2%	13.1%	<0.02
Sexual health checks:			
<12months	70.1%	72.0%	<1.00
12+ months/never	29.8%	28.0%	<1.00
Injecting drug use:			
Ever	83.3%	10.3%	<0.0001
Current	77.1%	7.5%	<0.0001
Cigarette consumption/day:			
0	8.3%	50.7%	<0.0001
1-10	14.6%	23.4%	<0.19
>10	72.9%	24.9%	<0.0001
Alcohol consumption:			
Drinker	29.2%	48.1%	<0.02
Non-drinker	64.6%	50.8%	<0.02

Notes:
(a) KRC data did not match the other data sufficiently to allow a complete systematic comparison.
(b) With non-paying male partners (females only, intercept sample n=42). Some women nominated more than one concurrent method of contraception.
(c) Females only (intercept sample; n=42).

Accommodation, child care and social support

Four female street workers expressed concerns about child care (12 had dependent children). The issues raised included finding appropriate carers while at work, regaining custody of children, and finding the money and time to access children being cared for by others. A lack of permanent accommodation was a major problem for 10 (20.8%) street sex workers, including four who were supporting children. Thirteen (27.1%) were unable to nominate a friend with whom they had a supportive relationship.

Choice of work-site

Although many responses to qualitative questions suggested that the respondent lacked self-esteem, only seven (14.6%) of the intercept sample said they had no alternative to working on the street. Almost all (95.8%) thought they could earn more money on the street than in brothels and most (85.3%) valued the flexibility and comparative autonomy of street sex work. More than 80% reported that their IDU commenced before they became sex workers but responses to a question about the relationship between IDU and continuing in sex work were inconclusive: nearly 30% believed there was no relationship and the rest were evenly divided about whether they 'worked to use' or 'used to work'.

Discussion

Our study determined that up to 120 female or transgender street sex workers (>80% female) work each night in Sydney, Newcastle and Wollongong. Probably several times as many work in this very transient sector of the sex industry during any one year. Notably a comparable number of sex workers solicit on the streets of Melbourne (Morton 1999) where street sex work is illegal and the potential client base is smaller. This suggests that the law has little effect on the presence of street prostitution. Alternatively, Victoria's more highly regulated brothel sex industry may be forcing more sex workers on to the street.

The principal reasons given for choosing to work on the street were the greater income (usually associated with heroin addiction) and flexibility of working hours (often because of child care concerns). Transgender workers were less likely to be drug dependent but had fewer alternative employment options. The price street workers paid for this higher income and autonomy included considerable exposure to violence as well as pressure from local communities via the police service. We acknowledge that the intercept sampling method would be more likely to access those sex workers who spend most time on the streets. Conversely, those sex workers who had been temporarily driven off the streets by more extreme violence would be excluded.

It is also possible that the intercept sample and the KRC sample overlapped to some extent. If so this would compromise the statistical analysis, but this cannot be avoided given the need to maintain anonymity. It is unlikely that the SSHC sample overlapped with either of the other samples as no street-based sex workers attended SSHC during the review period.

World-wide, street-based sex workers are exposed to high levels of violence, intimidation and corruption.[7-9] Severe psychological distress among street-based sex workers is associated with financial need, long hours, large numbers of clients and violent and threatening work environments.[10-12] In turn, work-related stress has been linked to inconsistent condom use with clients.[11,12]

We found the problems of violence on the streets and violent clients were pervasive for street sex workers in NSW. In most years there are reports in the media of extreme violence (including murder) against street sex workers. Lesser assaults causing physical harm (many unreported) were far more common in this study. 'Safe houses' seem to offer at least a partial solution to this problem. They might also relieve some of the problems associated with offensive behaviour in residential areas by offering an acceptable off-street venue for sex worker services. Safe houses could also serve as a focus point for outreach health services.[13]

Conflict between police and street sex workers arose most often because police were under constant pressure from residents, businesses and local government authorities to keep sex workers away. One of the difficulties with policing, identified by this survey, was the limited scope of the police Sex Worker Liaison Project. Although the project, involving officers specially trained to deal with issues raised by sex workers, was originally set up in a number of police stations, it was only operating in Kings Cross at the time of the study.

This study confirmed the association between street sex work, IDU, hepatitis and HIV.[14-16] While the street workers in NSW reported low rates of STIs, it is possible that many had undiagnosed infections as was recently found in a comparable population in Melbourne.[13]

The NSW street workers seemed to have good potential access to health services, both through outreach and a variety of public and private fixed-site services. The fact that six (12.8%) of the sample had never had a sexual health check was of concern, but given the chaotic lifestyles of many of these people, this number was smaller than might have been expected and was comparable to the Melbourne study.[13] Notably, no street sex workers attended SSHC during 1997. On the other hand, KRC (deliberately located for easy access by inner city street sex workers) attracted large numbers. Similarly, numbers of street sex workers attended conveniently located suburban and regional sexual health clinics offering targeted services. These findings and the Melbourne experience, suggest that street sex workers are unlikely to attend a clinical service unless they are specifically targeted.

Lower rates of consistent condom use and higher IDU rates by street-based sex workers when compared with their local brothel-based counterparts indicated an ongoing need for specific targeting of this group. Contraception, pregnancy, child care, drug dependency, transgender counselling and lack of social support and accommodation are all issues that need to be incorporated into services provided for this group.

Inadequate coverage against and considerable morbidity from hepatitis B was detected, particularly among street workers attending private doctors. Supplying free hepatitis B vaccine for this group through their GPs or outreach programs could address this problem. The itinerancy of this group and high hepatitis B incidence makes rapid vaccination schedules appropriate.

In summary, this study identified a number of drug-related, sexual health, social and policy issues that impact on street sex workers in NSW that could be better addressed. However, in comparison with most published reports of studies of sex workers in other industrialised countries, this sample enjoyed a relatively high level of sexual health and a low prevalence of HIV infection. The findings of this study tend to validate the overall appropriateness of health promotion programs (including the legal framework), health service delivery and community support for this marginalised group.

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